

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE W/ FORM PTO-875)

10/531678

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
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TOTAL IND.			/			
TOTAL DEP.			12			
TOTAL CLAIMS			13			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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